

Department of Mental Health, Retardation and Hospitals
Facilities and Program Standards and Licensure

ADDENDUM TO LICENSE APPLICATION

License Number: _____

Verification of Social Security Number and affidavit concerning taxpayer status.

Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due to the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

Name (Please Print)

Signature

Date

Social Security Number

Furnishing the Social Security Number is mandatory. The Social Security Number will be transmitted to the Rhode Island Division of Taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.

This form MUST be completed, signed and attached to your license application in order for us to process your application.

10/21/04